

## PROVIDER AND RECIPIENT GRIEVANCE AND APPEAL LOG/SUMMARY REPORT

Attachment Eighteen  
Maternity Care Program  
Operational Manual  
Effective 1.1.16

DISTRICT (SITE):  
PRIMARY CONTRACTOR:  
TOTAL GRIEVANCES

QUARTER:

\_\_\_\_\_  
(ALL PATIENTS)

| P-Provider<br>R-Recipient | PATIENT/<br>PROVIDER<br>NAME/ADDRESS | PATIENT<br>MEDICAID<br>NUMBER | DATE<br>RECEIVED | DATE OF<br>OCCURRENCE | COMPLAINT<br>CODE | SITE | GRIEVANCE:<br>BRIEF EXPLANATORY<br>SUMMARY | RESOLU-<br>TION<br>CODE | RESOLU-<br>TION<br>SUMMARY | DATE<br>RESOLVED | LEVEL OF<br>GRIEVANCE |
|---------------------------|--------------------------------------|-------------------------------|------------------|-----------------------|-------------------|------|--|-------------------------|----------------------------|------------------|-----------------------|
|                           |                                      |                               |                  |                       |                   |      |  |                         |                            |                  |                       |
|                           |                                      |                               |                  |                       |                   |      |  |                         |                            |                  |                       |
|                           |                                      |                               |                  |                       |                   |      |  |                         |                            |                  |                       |
|                           |                                      |                               |                  |                       |                   |      |  |                         |                            |                  |                       |
|                           |                                      |                               |                  |                       |                   |      |  |                         |                            |                  |                       |

COMPLAINT CODES:      A. Staff, B. Medical/MD, C. Environment, D. Billing, E. Communication, F. Time, G. Transportation, H. Other

RESOLUTION CODES:    1. Resolved      2. Unresolved--Additional action needed, 3. Unresolved--Appeal process, 4. Unresolved--Fair Hearing

LEVEL CODES:            S - Standard, E - Expedited